Wisconsin Department of Safety and Professional Services

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DIVISON OF PROFESSIONAL CREDENTIAL PROCESSING

LICENSED MIDWIFE

REQUEST FOR VERIFICATION OF PRECEPTORSHIP – APPRENTICE RELATIONSHIP

The parties listed below authorize the North American Registry of Midwives (NARM) to send notice to the Department of Safety and Professional Services in Wisconsin that both have entered into a Preceptor-Apprentice Relationship with the intent to obtain the didactic and clinical training for the Certified Professional Midwife credential. It is agreed by both parties that if the Preceptor-Apprentice Relationship should terminate, it will be the responsibility of the Preceptor to notify the appropriate person in the Department of Safety and Professional Services.

APPLICANT: Complete this section and submit to North American Registry of Midwives via fax (404-521-4052) or mail to NARM Test Dept., P.O. Box 7703, Little Rock, AR 72217-7703l for completion.			
Applicant Information:			
Last Name	First Name	MI	Former / Maiden Name(s)
Address: (number, street, city, zip code)			
Email Address:			
Daytime Phone Number:		Date of	Birth:
Check the appropriate category of Preceptor	r qualification:	CNM and/or l	icensed by the state of
Preceptor Information:			
Last Name	First Name	MI	Former / Maiden Name(s)
Address: (number, street, city, zip code)			
Email Address:			
Daytime Phone Number:			
Preceptor Signature			Date
Apprentice Signature			Date

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